ORIGINAL

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

CV 16-7081

Nathaniel Greene,
Full name of plaintiff/prisoner ID#

Plaintiff,

JURY DEMAND
YES ✓ NO ____

-against-

Anthony J. Annucci et. al.,

CHEN, J.

BLOOM, M.J.

Enter full names of defendants
[Make sure those listed above are identical to those listed in Part III.]

FILED
IN CLERK'S OFFICE
U S DISTRICT COURT E.D.N.Y.
★ DEC 19 2016 ★
BROOKLYN OFFICE

Defendants.

I. Previous Lawsuits:

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes ( ) No (✓)

B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs: Nathaniel Greene

Defendants: Anthony J. Annucci

2. Court (if federal court, name the district; if state court, name the county) Eastern District of New York.

3. Docket Number: Present

4. Name of the Judge to whom case was assigned: ______________

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)
____

6. Approximate date of filing lawsuit: ______________

7. Approximate date of disposition: ______________

II. Place of Present Confinement: Orleans Correctional facility

A. Is there a prisoner grievance procedure in this institution? Yes ( ) No (✓)

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes (✓) No ( )

C. If your answer is YES,

1. What steps did you take? I Grieved the matter, and Appeal the matter.
____

2. What was the result? Reversed on October 11 2016.

D. If your answer is NO, explain why not ______________
____

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes (✓) No ( )

F. If your answer is YES,

1. What steps did you take? ______________
____
____

2. What was the result? ______________
____

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Nathaniel Greene

Address Orleans Correctional facility

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1 Superintendent: Larry frank (
OGDensburg Correctional facility.

Defendant No. 2 Sergant: D. Berry.
OGDensburg Correctional facility

Defendant No. 3 C.O: Gardner.
OGDensburg Correctional facility

Defendant No. 4 Civilian: Randy A. Baro

Defendant No. 5 Sergant: Howard
Sergant: Bolton
Sergant: Thomas
AT Mid-State Correctional Facility
SHU 200 Box (SHU)

[Make sure that the defendants listed above are identical to those listed in the caption on page 1].

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.)

on The Date of 8/13/2016 at 10:15 pm. I was on the phone. I was finish and inmate Walker, Darrell 16-A-1027 E-1 3 Bed said that this is the Blood-phone and said Dont use it Anymore. I was going into the laundry room and inmate Walker Darrell and Howard, Artavio 14-R-0279 grabbed me from Behind while inmate Walker continued Hitting me in my face and ribs. while McCay Richard 14-A-0807 stood by the Door, watching for the officer I Admitted to the officer that i cant live There. I explain everything to the Sergant (D. Berry) at OGDensburg Corr. facility i feel that I was getting punish for Defending myself. and Recieved a (Black-eye) i asked the Hearing (FSM) Randy T. Nbar why 60 Day's He Responded at the Hearing the only way to leave the Jail is to Recieve 60 or more.

IV.A If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

I was punched in the eye and had a Black-eye for several weeks. and was in pain and suffering and could not see. I was emotional Distress and mentally Emotional Distress with a major injury. I was giving a Ice-pack. my eye was cut and still have the mark for life.

V. Relief:

State what relief you are seeking if you prevail on your complaint.

pain and Suffering, Emotional injury. monetary compensation expectation Damages Compensatory General Damages Directly referable to the breach or tortious Act: Exemplary (punitive) Damages Compensation in excess of Actual damages: a form of punishment to the wrongdoer and excess enhancement to the injured.

I declare under penalty of perjury that on 8/13/16 (Date), I delivered this complaint to prison authorities to be mailed to the United States District Court for the Eastern District of New York.

Signed this [signature] day of 12/6, 20 16. I declare under penalty of perjury that the foregoing is true and correct.

[signature]
Signature of Plaintiff

Orleans Correctional Facility
Name of Prison Facility

3531 Gaines Basin Road
Albion, New york. 14411-9199
Address

15B-0408
Prisoner ID#

AFFIDAVIT OF SERVICE

STATE OF NEW YORK)
) S.S. :
COUNTY OF ORLEANS)

I, Nathaniel Greene, being duly sworn, deposes and says:

That I am the Plaintiff, in the within action, and I reside at Orleans Correctional Facility, 3531 Gaines Basin Road, Albion, New York 14411-9199.

That on the 13th day of December, 2016, I served a true copy of the annexed 42 U.S.C 1983

by placing it into a mailbox located at the above-named Facility, which is under the direct care and custody of Orleans Correctional Facility, addressed to the below named at the address (es) within the State of New York respectfully designated by them for the purpose as follows:

To:	Eastern District of New York U.S. CourtHouse 225 Cadman Plaza East Brooklyn, New York. 11201
To:	

Sworn to me this

13th day of December, 2016

NOTARY PUBLIC:

ORLEANS CORR. FACILITY
3531 Gaines Basin Road
Albion NY 14411-9199

5-A1-13b

NEW YORK STATE
DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
THE HARRIMAN STATE CAMPUS - BUILDING 2
1220 WASHINGTON AVENUE
ALBANY, N.Y. 12226-2050

ANTHONY J. ANNUCCI
ACTING COMMISSIONER

JOSEPH BELLNIER
DEPUTY COMMISSIONER
CORRECTIONAL FACILITIES

REVIEW OF SUPERINTENDENT'S HEARING

NAME: GREEN, NATHANIEL J NO. 15R0408

HEARING FACILITY: OGDENSBURG

ON BEHALF OF THE COMMISSIONER AND IN RESPONSE TO YOUR RECENT LETTER OF APPEAL, PLEASE BE ADVISED THAT YOUR SUPERINTENDENT'S HEARING OF AUGUST 16, 2016, HAS BEEN REVIEWED AND REVERSED ON OCTOBER 11, 2016.

D. VENETTOZZI
DIRECTOR, SPECIAL HOUSING/
INMATE DISCIPLINARY PROGRAM

CC: FACILITY SUPERINTENDENT
CENTRAL OFFICE FILES

APPEAL DECISION RENDERED PURSUANT TO SECTION 254.8 OF CHAPTER V AND ELECTRONICALLY PRODUCED UPON THE AUTHORITY OF THE DIRECTOR OF SPECIAL HOUSING/INMATE DISCIPLINE PROGRAM.

No sanctions on file

UNITED STATES COURT
EASTERN DISTRICT OF NEW YORK
U.S. COURTHOUSE, 225 CADMAN
plaza EAST, Brooklyn, N.Y. 11201

CHIEF JUDGE
CAROL B. AMON, Room 908S

Attn: Law Clerk:
IAN MacDOUGALL

December 8th 2016

Re: ADDITIONAL CLAIM(S)

Your Honor:

I am the plaintiff in the annexed Complaint ("§1983") asking this Court, in addition to the within complaint, to grant plaintiff relief for loss property.

In addition, I would like to make Part of this complaint, personal property which, by the hands and responsibility of the Department of Corrections, were loss or destroyed. However, by mistake, I forward this facility claim to the wrong address and now, I seek this court's permission to make this an addendum ... part of the record.

Respectfully Submitted,

[signature]

ORLEANS CORRECTIONAL FAC.,
3531 GAINES BASIN ROAD
ALBION, NEW YORK 14411-9199

cc:

UNITED STATES DISTRICT COURT

EASTERN DISTRICT OF NEW YORK
PRO SE OFFICE

U.S. COURTHOUSE
225 CADMAN PLAZA EAST
BROOKLYN, NEW YORK 11201

FILED
IN CLERK'S OFFICE
US DISTRICT COURT E.D.N.Y.
★ DEC 19 2016 ★
BROOKLYN OFFICE

INSTRUCTIONS FOR FILING A CIVIL RIGHTS COMPLAINT

Attached is a complaint form for filing an action under 42 U.S.C. § 1983. Observe the following instructions for completing the complaint:

1. **Caption**: It is very important, if possible, that you state the first and last name of each defendant and badge number, if appropriate. You are required to furnish the correct name and address of each person so that service of process upon each defendant can be made.

2. **Contents**: The form should be fully completed. It can be typewritten or handwritten. It must be legible. If you need more space to answer a question, attach a separate sheet of 8 ½ by 11 paper to your complaint. You are required to state facts, such as the date and location of the events. You need not make legal arguments or cite to cases. The complaint must have an original (not photocopied) signature by each plaintiff. The complaint need not be notarized.

3. **Copies**: You must send the Court the original complaint and two exact copies (a complete set of three). You should keep another copy for your records. Copies can be xeroxed, handwritten or typewritten, but all copies must be identical to the original.

4. **Fee**: The cost of filing a civil action (other than a habeas corpus proceeding) is $400, payable to the Clerk of the Court, USDC, EDNY by certified check, bank check, personal check, money order or cash (if paying in person). If the filing fee is paid, the U.S. Marshal will not be directed to serve the defendants and plaintiff will be responsible for service of process on defendants. Service of the summons and complaint can be made by anyone over the age of 18 who is not a party to the action. See Fed. R. Civ. P. 4.

5. **Inability to Pay the Fee**: If you cannot pay the fee, you may apply to the Court to proceed *in forma pauperis* (IFP) pursuant to 28 U.S.C § 1915 by completing the attached form. If there is more than one plaintiff, each plaintiff must provide a separate declaration in support of the request to proceed *in forma pauperis*. If you are a prisoner, you must also complete the attached Prisoner Authorization form.

When you have completed the forms, mail the original and 2 copies to the United States District Court, EDNY, 225 Cadman Plaza East, Brooklyn, NY 11201 Attention: Pro Se Office or on Long Island to: Clerk of United States District Court, EDNY, 100 Federal Plaza, Central Islip, NY 11722.

This instruction page need not be copied or submitted. Remember to keep a copy of the completed complaint for your records.